

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033100

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 175

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1 0781
2 0781
3 2
4 0
5 1
6
7 1
8 2
9 4344
10
11
12 90-0
13 1-0

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>		c. CITY OR TOWN <u>Hayti</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>109 West Monroe</u>		d. STREET ADDRESS (If outside, give location) <u>109 W. Monroe</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Chester</u> Last <u>Watts</u>		4. DATE OF DEATH Month <u>August</u> Day <u>27</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-8-1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer When worked</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>disable Veteran</u>	
11a. FATHER'S NAME <u>James Samuel Watts</u>		11b. MOTHER'S MAIDEN NAME <u>Minnie Theo Marchbanks</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>Yes WWI</u>		13. SOCIAL SECURITY NO. <u>Elizabeth Lee Watts, Hayti, Mo.</u>	
14. CAUSE OF DEATH (Enter only one cause pointing for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Acute Dilatation of Heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 or 4 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20f. CITY, TOWN, OR LOCATION <u>Hayti, Missouri</u>		20g. COUNTY <u>Missouri</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>8-27-1963</u> to <u>8-27-1963</u> Death occurred at <u>7:15</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>L.D. Denton M.D.</u>	
22b. ADDRESS <u>Hayti, Missouri</u>		22c. DATE SIGNED <u>8-28-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-28-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn Cemetery</u>		23d. LOCATION (City, town, or county) <u>Hayti, Missouri</u>	
24. FUNERAL DIRECTOR <u>Osburn Funeral Home, Hayti, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>8-31-63</u>	
26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>		27. REGISTRAR'S SIGNATURE _____	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed James G. Osburn

Licensed Embalmer No. 4185

P. O. Address Hayti, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Osburn Funeral Home, Hayti, Missouri